

perform. This procedure should be considered in PTC as we cannot rely on the detection of nodes with US alone.

Posters: ENT Surgery

0034: ENT EMERGENCY SURGERY – ARE WE COMPLYING WITH THE ROYAL COLLEGE OF SURGEONS OF ENGLAND STANDARDS? A NATIONAL PILOT AUDIT

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Aim: The Royal College of Surgeons of England (RCSEng) recently set out best practice standards for emergency surgery. This national pilot audit aimed to determine compliance of otolaryngology departments in England with these guidelines.

Methods: A 26 item online questionnaire was devised, encompassing the 36 best practices set out by the RCSEng for ENT. This was sent to ENT trainees based at units in England providing emergency ENT services.

Results: Data was obtained from 55 of the 102 units, achieving a response rate of 53.9%. An average 71% of standards were achieved. No unit achieved all the best practices. Areas of highest compliance included 24 h access to blood transfusion and immediate theatre access for patients with post-tonsillectomy bleeds. Lowest compliance was in the provision of a pathway for angiography and embolization for epistaxis and the provision of an equipped ENT room on a paediatric ward.

Conclusion: This audit has highlighted that the majority of departments in England are providing a good standard of ENT emergency care. There is room for improvement in certain areas. We hope this audit will encourage ENT departments to evaluate their current provision of emergency care and institute changes to improve practices.

0086: A SINGLE CENTRES EXPERIENCE OF T3 LARYNGEAL TUMOURS

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Aim: Laryngeal carcinomas account for roughly 1% of cancer cases within the UK. Clinical management of laryngeal cancer varies dependent upon the stage of the disease at presentation and patient comorbidity. T3 laryngeal disease usually implies vocal cord fixation but may also indicate peri-laryngeal structure involvement, and so effective management is challenging. We present outcome data for a series of patients presenting to our Centre with T3 laryngeal carcinoma.

Methods: A single Centre, retrospective review of patients diagnosed with T3 laryngeal cancer between 2001–2012. We collected patient demographics, treatments, disease status and mortality and calculated recurrence rates, survival times and mortality per treatment group.

Results: Forty-three patients were identified. Treatment consisted of radiotherapy (n = 13), chemoradiotherapy (n = 17), surgery (n = 9) and palliative treatment (n = 7). Survival rates for patients within the surgery, chemoradiotherapy and radiotherapy treatment groups were; 100%, 87.5% and 69.2% at 1 year and 66.6%, 73.3% and 46.2% at 3 years respectively. Recurrence rates for those undergoing radiotherapy, chemoradiotherapy and surgery were 53.8%, 23.5% and 0%.

Conclusion: We demonstrate that patients with T3 laryngeal tumors undergoing either surgery or combined chemoradiotherapy tend to fair better than those undergoing sole radiotherapy in terms of rates of recurrence and survival.

0096: A SYSTEMATIC REVIEW ON SKIN COMPLICATIONS OF BONE ANCHORED HEARING AIDS IN RELATION TO SURGICAL TECHNIQUES

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Aim: A systematic review to study the skin complications associated with the bone anchored hearing aid in relation to surgical techniques.

Methods: The following databases have been searched: MEDLINE, EMBASE, the Cochrane Library, Google scholar and the PubMed. The literature search date was from January 1977 until November 2013. Randomized controlled trials and retrospective studies were included. Initial search identified 420 publications. Thirty articles met the inclusion criteria of this review.

Results: The most common surgical techniques identified were full thickness skin graft, Dermotome and linear incision techniques. The result shows that dermatome technique is associated with higher rate of skin complications when compared to linear incision and skin graft techniques.

Conclusion: Based on the available literature, the use of a linear incision technique appears to be associated with lower skin complications, however, there is limited data available supporting this. Higher quality studies would allow a more reliable comparison between the surgical techniques.

0116: ARE WE MANAGING TRACHEOSTOMY AND LARYNGECTOMY PATIENTS SAFELY?

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Aim: Patients with a tracheostomy or laryngectomy commonly present to the emergency department but it is well recognized that confidence in managing such patients is low. This project aimed to quantify this and offers a simple solution.

Methods: A survey of all grades of staff was performed questioning key knowledge components and their safety in managing such patients based on the tracheostomy org guidelines. A follow up teaching session was offered and the survey repeated.

Results: 24 members of staff were approached during the first survey, 33% of staff felt competent in managing such patients. Only 42% of staff were able to explain the difference between a tracheostomy and laryngectomy. 87% managed the tracheostomy scenario safely and 70% managed the laryngectomy scenario safely.

Following the training session 100% were able to explain the difference between a tracheostomy and laryngectomy with a 100% safe approach to both the tracheostomy and laryngectomy scenarios.

Conclusion: Staff confidence and competence is low in managing such patients revealing a serious patient safety concern. A simple training session can be used to improve staff knowledge and improve patient safety.

0117: THE WEBER TEST – CAN IT BE USED TO GUIDE REFERRALS?

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Aim: This project aims to assess the accuracy of the Weber test to see if it can be used to aid in referral decisions for general practitioners.

Methods: A controlled study of 96 patients presenting with hearing loss to a local ENT department comparing clinical findings on performing the Weber test with results from subsequent pure tone audiometry (PTA).

Results: Audiometry confirmed that 58 of the 96 (60%) patients had a degree of hearing loss. In detecting the presence of hearing loss the Weber test was found to have a sensitivity of 60%, specificity of 76% and a positive predictive value of 80%. In detecting the presence of asymmetry the Weber had a sensitivity of 78% and was most accurate at detecting conductive hearing impairment with a sensitivity of 72% and specificity of 88%.

Conclusion: The weber test has been found to be a useful tool in aiding clinician's referral process. Its use to triage patients with sensorineural loss to audiology and conductive loss to ENT is suggested.

0147: DELAYED DISCHARGE IN CHILDREN UNDERGOING DAY-CASE TONSILLECTOMY: A SERVICE IMPROVEMENT AUDIT

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Aim: Tonsillectomy is a common ENT procedure in children. Day case surgery requires shorter hospital stay, requires less nursing input, and enables cost savings, which makes it very appealing to the NHS